Submit 3 Copies o Appropriate District Office	State of New Mexico Energ. Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I 2.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-005-62911  5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	SEP 2 7 1993		STATE X FEE  6. State Oil & Gas Lease No. VB-427
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVANCE)	ICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN OR RVOIR. USE "APPLICATION FOR PER 1-101) FOR SUCH PROPOSALS.)	OH PLUG BACK TO A	7. Lease Name or Unit Agreement Name
. Type of Well: OIL GAS WELL X	OTHER		Hanlad AKZ State
Name of Operator YATES PETROLEUM CORPOR			8. Well No.
3. Address of Operator 105 South 4th St., Art	esia, NM 88210	-	9 Frank ordivician
Mell Location  Unit Letter M : 330	Feet From The South	Line and 122	5 Feet From The West Line
Section 13	Township 8S Ran 10. Elevation (Show whether I	nge 27E DF, RKB, RT, GR, etc.) GR	NMPM Chaves County
<del></del>	Appropriate Box to Indicate N	Nature of Notice, F	Report, or Other Data  3SEQUENT REPORT OF:
NOTICE OF IN	F	REMEDIAL WORK	ALTERING CASING
ERFORM REMEDIAL WORK  EMPORARILY ABANDON	PLUG AND ABANDON L	COMMENCE DRILLIN	
PULL OR ALTER CASING		EMENT JOB	
OTHER:		<u> </u>	e & acidize additional perfs X
work) SEE RUILE 1103.			uding estimated date of starting any proposed
5-13-93 - Moved in and 6427, 28, 29, 30, 31, with 2% KCL water. No Reset packer at 6418' and ball sealers. Un	34, 35, 36, 44, 45, 46, ippled down wellhead and	, 4/, 53, 55 & d installed BOF s 6427-6455' wi set packer at 6	6455' w/30 .42" holes as follows: 6455' (2 SPF). Loaded tubing P. Unset packer at 6263'. Ath 1500 gallons 15% NEFE acid 5263'. Nippled up wellhead.
I hereby certify that the information above is t	rue and complete to the best of my knowledge and	i belief.	

mme Production Supervisor DATE Sept. 22, 1993 SIGNATURE 9 TELEPHONE NO. 505/748-1471Juanita Goodlett TYPE OR PRINT NAME ORIGINAL SIGNED BY (This space for State Use) OCT 1 9 1993 MIKE WILLIAMS SUPERVISOR, DISTRICT IT \_\_\_\_ тпье – APPROVED BY-